



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

FILE COPY

December 19, 2006

Ron Woolstenhulme, Administrator
R & V Shelter Home
903 11th Ave South
Nampa, ID 83651

License #: RC-176

Dear Mr. Woolstenhulme:

On November 16, 2006, a life safety code survey was conducted at R & V Shelter Home. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 20, 2006

Ron Woolstenhulme, Administrator
R & V Shelter Home
903 11th Ave South
Nampa, ID 83651

Dear Mr. Woolstenhulme:

On November 16, 2006, a life safety code survey was conducted at R & V Shelter Home. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 16, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Grimes', followed by a horizontal line.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R176	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 11/16/2006
NAME OF PROVIDER OR SUPPLIER R & V SHELTER HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 903 11TH AVE SOUTH NAMPA, ID 83651		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 16, 2006. The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Fire / Life Safety</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TO5821

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>R and V Shelter Home</i>	Physical Address <i>903 11th Ave South</i>	Phone Number <i>(208) 880-7819</i>
Administrator <i>Ron Woolstenhulme</i>	City <i>NAMPA ID</i>	ZIP Code <i>83651</i>
Survey Team Leader <i>TAYLOR BARKLEY</i>	Survey Type <i>1</i>	Survey Date <i>11-16-06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.405.01B	(A) Extension CORDS. Bedroom #6 had five extension cords in use.	11-16, 06
		(B) Lower Level had extension cord powering the refrigerator.	11-30, 06
		(C) Lower Level Den had 3 extension cords powering the	11-20, 06
		(D) television, RADIO, the electric fireplace.	11-20, 06
		(E) The office had extension cord powering the fax machine	11-16, 06
2.	16.03.22.404.01	(A) Dorm building does not have sprinkler system.	7B
Taylor Barkley called me on 11-17-06 at 8:28 AM and told me that A, B, C & G had been dropped because the dorm and main building we considered separate buildings and were not combined together.		(B) Bedroom #1 closet does not have sprinkler head installed.	7B
		(C) First floor Laundry room door does not have a self closing device installed.	7B
		(D) First floor Laundry room has A 24 inch by 8 inch hole in the wall.	11-29, 06
		(E) Lower level Laundry room has A 24 inch by 24 inch hole in the ceiling.	11-29, 06
		(F) Lower level emergency light does not work.	12-4, 06
		(G) Fire ALARM does not have off site monitoring.	7B
Response Required Date <i>12-16-06</i>	Signature of Facility Representative <i>Ron Woolstenhulme</i>		

RECEIVED

DEC - 6 2006

FACILITY STANDARDS